



## Appendix A – Consent Template

Acknowledgement and consent to disclosure for investigation and reporting purposes

### CONFIDENTIAL

1. I, \_\_\_\_\_ (name of person making a disclosure), have made a disclosure of information to the following person:

Name of person	
Position title or role	

2. I have reasonable grounds to suspect that the information concerns a disclosable matter/s.
3. I have received a copy of the Whistleblower Protection Framework.
4. I understand that information about my report that is unlikely to reveal my identity can be disclosed without my consent.
5. I understand that if my report is captured under whistleblower protections set out in the *Corporations Act 2001 (Part 9.4AAA-Protection for whistleblowers)*, my identity and information that is likely to lead to my identity cannot be disclosed, unless authorised by law in the following circumstances:
- (i) my consent has been given
  - (ii) the information is disclosed to a legal practitioner for the purpose of obtaining advice and representation in relation to whistleblower laws
  - (iii) the information is reasonably necessary for the purpose of investigation of the matter and all reasonable steps to reduce the risk that I will be identified have been taken, or
  - (iv) the information is disclosed to Australian Securities Investment Commission (ASIC), the Tax Commissioner (if a tax matter) or the Australian Federal Police (AFP).
6. I hereby give my consent to the disclosure of my identity, under conditions of confidentiality, and for the purpose of investigation and reporting as set out in the Whistleblower Protection Framework to the following persons or organisations:

Name of person or organisation	Position title or role
Paul Andrew	Nominated Officer
Dr Tony Curry	Nominated Officer
Ainslie Perrigo	Nominated Officer
Annette Morey	Nominated Officer
	Whistleblower Investigation Officer
	Whistleblower Protection Officer (if appointed)
	CECWA
Wayne Bull	CEWA Executive Director
Your Call	External whistleblowing hotline

Signed by: \_\_\_\_\_

Name of discloser: \_\_\_\_\_

Signature of discloser: \_\_\_\_\_

Date: \_\_\_\_\_